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**INTERNATIONAL
CHIEF PETTY OFFICERS'
ASSOCIATION**

REPRESENTING ALL MILITARY SEA SERVICES

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**

**DOCUMENT # N94000003273
INTERNATIONAL CHIEF PETTY OFFICER'S ASSOCIATION
1995 CONVENTION CORPORATION OF FLORIDA
Date Incorporated 06/28/94
FEI Number 31-1373182**

Officers and Directors – Continued:

**D
William T. Lucas Sr.
4511 Lucas Lane
Danville, IN 46122-8507**

**D
Russell J. Green
730 Los Feliz
Las Vegas, NV 89110**

**D
C. E. "Bud" Johnson
8225 Wakeford Road
Lake Wales, FL 33853**

Chiefs
Are
The
Backbone
Of
The
Sea
Services
Of
All
Nations

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003273**

1. Corporation Name

**INTERNATIONAL CHIEF PETTY OFFICERS' ASSOCIATION
1995 CONVENTION CORPORATION OF FLORIDA**

Principal Place of Business

1270 BURNHAM AVE
APT. #1001
LAS VEGAS NV 89104-5441
US

Mailing Address

POST OFFICE BOX 12328
LAS VEGAS NV 89112-0328
US

DOCUMENT - 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number

31-1373182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CLARENCE E JOHNSON
8225 WAKEFORD RD
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JOHN MASSICOTTE
STREET ADDRESS 1933 MAGIC CANYON DR
CITY-ST-ZIP HENDERSON NV

TITLE TD ☐ DELETE

NAME AHERN, PATRICIA H
STREET ADDRESS 1270 BURNHAM AVE., APT #1001
CITY-ST-ZIP LAS VEGAS NV

TITLE ☒ DELETE

NAME KELLEY, JR K C
STREET ADDRESS 3024 CAINS MILL RD
CITY-ST-ZIP SUMTER SC 29154

TITLE PD ☒ DELETE

NAME JOHNSON, C E
STREET ADDRESS 8225 WAKEFORD RD
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☒ DELETE

NAME HERB, R C
STREET ADDRESS 350 HAMMONS PKWY, 14D
CITY-ST-ZIP SPRINGFIELD MO 35806

TITLE D ☒ DELETE

NAME HANCOCK, C
STREET ADDRESS 57 ELM CT, RR6
CITY-ST-ZIP GODERICH ON

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Elbert Sawley Jr.
3.3 STREET ADDRESS 6023 Jaguar Dr. West
3.4 CITY-ST-ZIP Jacksonville, FL 32244

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Charles H. Brotherton
4.3 STREET ADDRESS 3741 Taro Place
4.4 CITY-ST-ZIP Sarasota, FL 34232

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME A. E. "Rick" Evans
5.3 STREET ADDRESS 1015 Pelican Lane
5.4 CITY-ST-ZIP Rockledge, FL 32955

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Ronald Kinsella
6.3 STREET ADDRESS 5900 NW 58th Terrace
6.4 CITY-ST-ZIP Parkland, FL 33067

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/99

Date

(700) 471-7430

Daytime Phone #

CR2E037 (1/98)